

09/10/03
17224 U.S. PTO

22386 U.S. PTO
10/658762
09/10/03

**NONPROVISIONAL PATENT
APPLICATION TRANSMITTAL RULE §1.53(b)
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**



32294

PATENT TRADEMARK OFFICE

Customer Number 32294

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Docket No.: 47092-00037

Date: September 10, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAILSTOP PATENT APPLICATION

Sir:

Transmitted herewith for filing under 37 C.F.R. §1.53(b) is a nonprovisional patent application:

For (Title): METHOD AND DEVICE FOR CHANNEL MULTIPLEXING OR
DEMULTIPLEXING

By (Inventors): Esa MALKAMAKI

- ☒ 29 pages of Specification/Claims 1-38/Abstract are attached.
- ☒ Formal drawings (Figs. 1-4; 3 sheets) are attached.
- ☒ A Declaration and Power of Attorney is attached.
- ☒ An assignment of the invention to Nokia Corporation is attached, along with Form PTO-1595 and a check for \$40.00.
- ☒ An Information Disclosure Statement is attached, along with Form PTO-1449, and 1 reference.
- ☐ This application is entitled to Small Entity Status.
- ☐ A Preliminary Amendment is attached.
- ☐ Please amend the specification by inserting before the first line the sentence --This nonprovisional application claims the benefit of U.S. Provisional Application No. _____, filed _____. --
- ☒ Priority of foreign application No. 03010850.0 filed May 14, 2003 in Europe is claimed under 35 U.S.C. §119.

☐ Priority of U.S. Provisional Application(s) No. _____ filed _____ is claimed under 35 U.S.C. §119(e).

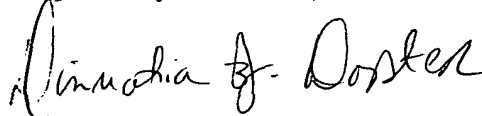
☐ A certified copy of the above corresponding foreign application is attached.

The filing fee is calculated below and includes claim status after entry of any Preliminary Amendment noted above:

| FOR: | NO. FILED | NO. EXTRA | SMALL ENTITY | | OR | LARGE ENTITY | |
|--|-----------|-----------|--------------|--------|----|--------------|---------|
| | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | \$ 375 | OR | | \$ 750 |
| TOTAL CLAIMS | 38 - 20 | = 18 | x 9 = | \$ | OR | x 18 | \$ 324 |
| INDEP CLAIMS | 4 - 3 | = 1 | x 42 = | \$ | OR | x 84 | \$ 84 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS | | | +140 = | \$ | OR | +280 | \$ |
| | | | TOTAL | \$ | OR | TOTAL | \$1,158 |

☒ Check No. 010465 in the amount of \$1,198.00 (\$1,158.00 for the filing fee and \$40.00 for the Assignment Recordation Fee) is attached. Please charge any fee deficiency or credit any overpayment to Counsel's Deposit Account No. 50-2222.

Respectfully submitted,



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DJD/cct